Management of the patient with arrhythmias 1) Assessment a) i) Symptomatic ii) Hypotensive iii) Hypoperfusion b) Treatment Mechanical interventions i) Vagal maneuvers - if the heart rate is too fast (1) Stimulation - if heart rate is too slow (2) Precordial thump (3)(4) Cough Pharmacological interventions (for example) ii) (1) Aspirin (2) Atropine (3)Adenosine (4) Epinephrine (5) Furosemide (6)Lidocaine Morphine (7) (8) Nitroglycerin Oxygen (9)Electrical iii) Defibrillation (1) Synchonized Cardioversion (2) (3)Transcutaneous pacing Implanted pacemaker functions (i) Characteristics (ii) Pacemaker artifact (iii) ECG tracing of capture (iv) Failure to sense **ECG** indications 1. Clinical significance 2. (v) Failure to capture 1. **ECG** indications Clinical significance (vi) Failure to pace **ECG** indications 1. 2. Clinical significance iv) Transport considerations v) Psychological support/ communications strategies Explanation for patient, family, significant others (1) Communication and transfer of data to the physician (2) AND: c) Ventricular arrhythmias Ectopics (PVCs) i) Management - ABCs, oxygen (as in VIII. A) (1) (2) Consider lidocaine Transport and support (as in VIII.A.8.and 9) (3)ii) Ventricular tachycardia Stable, LOC, blood pressure not impaired (1) Management- ABCs, oxygen, (as in VIII. A) (a) Consider lidocaine (b) (c) Consider adenosine (d) Transport and support (as in A.VIII.A. 8. and 9)

- (2) Unstable
 - LOC altered, diminished, or unresponsive (a)
 - (b) Chest pain/ pressure
 - Consider sedation (c)
 - Consider defibrillation / synchronized cardioversion (d)
 - Transport and support (as in A.VIII.A. 8. and 9) (e)
- (3)Pulseless
 - Defibrillation as soon as possible (a)
 - (b) Transport and support (as in A.VIII.A. 8. and 9)
- Ventricular fibrillation iii)
 - (1) Management
 - (a) Confirm pulselessness
 - (b) Cardiopulmonary resuscitation (CPR) until defibrillation is available
 - (i) Confirm pulses with CPR
 - (ii) High flow oxygen
 - Bag-valve-mask 1.
 - 2. Intubate
 - Defibrillation as soon as possible (c)
 - Energy dosage (i)
 - In accordance with local medical protocol
 - In accordance with type and model of defibrillator
 - Medications (for example) (d)
 - (i) (ii) Epinephrine
 - Lidocaine
 - Transport and support (as in A.VIII.A. 8. and 9) (e)